

**CITY OF ROCHESTER
RENEWAL
BUSINESS PERMIT APPLICATION**

Neighborhood and Business Development
30 Church Street – 121B
Rochester, New York 14614

To be completed by Business Owner and/or Operator: 428-6520 Page 1 of 2

Business Name: _____ Business Phone: _____

Business Operator: _____

Business Address: _____ ZIP: _____

Business Type: _____ F=Food Store R/S=Retail Store S=Barber Shop/Salon
R=Restaurant B=Bar B/R=Bar/Restaurant
L=Laundromat D=Drug Store A=Automobile Service

Other Related Licenses:

(i.e.: Liquor, Entertainment, Type: _____ Number: _____

Amusement Center, Pawn Broker, _____

Second Hand Dealer, Barber) _____

(If license is pending, state so.)

Date of Birth: ____/____/____ Hours of Operation: From: ____ to: ____

Business Owner and/or Corporation/Partnership (If other than Operator): _____

Owner/Operator: _____

Home Address: _____ Home Phone: _____

ZIP: _____

Partners: _____

I understand that false statements made on this application may result in the denial or revocation of the Business Permit.

Business Operator Signature: _____ Date: _____

ALL PERMITS WILL BE MAILED TO THE BUSINESS ADDRESS

To Be Completed by City: _____

FEE: N/C: _____ Late B/P: \$25.00 _____ Conditional: \$300 _____

DATE OF INSPECTION (If Necessary): _____ Time: _____

NCO: _____ Date: _____ VIOLATIONS: YES ____ NO ____

CODE ENFORCEMENT

Current C/O Yes ____ No ____ Date _____

Open Cases Yes ____ No ____

Nuisance Pts Yes ____ No ____ # Pts _____

Active Permits Yes ____ No ____

**The required approvals must be signed and dated by
appropriate staff before a Permit will be issued:**

Date of Approval: _____ Permit #: _____